



**BOARD OF HEALTH FOR THE
NORTHWESTERN HEALTH UNIT**

MEETING MINUTES
 Regular Board of Health Meeting
 Thursday, February 23, 2012
 Dryden Holiday Inn Express Meeting Room

MEMBERS PRESENT: John Albanese – Chair
 Jim Belluz, Dennis Brown, Dave Canfield, Mel Fisher, Russ Fortier, Julie Roy, Paul Ryan

PARTICIPATING:
 Dr. Jim Arthurs, Medical Officer of Health (MOH)
 Mark Perrault, Chief Executive Officer (CEO)
 Lois Bailey, Chief Financial Officer
 Dorothy Strain, Executive Assistant (Recorder, Secretary)

REGRETS: Margaret Harland, Doug Squires
ABSENT: Bill Thompson

1. CALL TO ORDER

Chair John Albanese called the meeting to order at 8:30 a.m.

2. APPROVAL OF AGENDA

2.1 Additions to Agenda

- Agenda #10, Non Agenda Items:
- 10.1 alpha Annual Conference and AGM, June 10-12, 2012

Motion / Resolution: 18-2012	
THAT the Agenda for the Board of Health meeting dated February 23, 2012, be approved as amended.	D. Canfield R. Fortier

3. DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF

None was declared.

4. MINUTES OF BOARD OF HEALTH MEETING, January 20, 2012

Motion / Resolution: 19-2012	
THAT the Minutes of the Board of Health meeting held January 20, 2012, be approved as written.	R. Fortier J. Belluz

5. SENIOR MANAGEMENT REPORTS

Medical Officer of Health Report

Submitted by Dr. Jim Arthurs, Medical Officer of Health

This is Public Health

I Love Public Health

I am Public Health

I'm not sick! Thanks, Public Health

Who Are We? Where Did We Come From? Where Are We Going?

Northwestern Health Unit Strategic Plans:

2010-2012

Our Mission: "Healthy Lifestyles, longer lives lived well"

Our Values:

- Partnership * Wellness * Environmental Stewardship
- Accountability & Transparency * Respect & Compassion
- Integrity & Professionalism * Innovation & Excellence

Our Goals:

- Health Determinants and Status
 - A Public Health Report Card
- Integration and Responsiveness
 - Establish New Partnerships
- Resources and Services
 - Sustainable Funding
 - Reduce Environmental Impact
- Community Engagement
 - Raise the Profile of Public Health

2013-2015

Process approved by Board of Health, December 2011

Strategic Plan Working Group developed, January 2012. First meeting held February 6.

Board of Health member, Russ Fortier

Office consultations pending, spring 2012. Board of Health consultation: March 23.

The continuous quality improvement process:

- "Everything can be improved"

The last part of January and now February has been keeping our staff and me very busy. Referencing our current strategic plan...

Establishing New Partnerships and Collaborations

On January 11, 2012, Mark Perrault and I joined other members of the First Nations Public Health Working Group representing First Nations, Health Canada, Ministry of Health and Long-Term Care, and Dr. Dave Williams, MOH, Thunder Bay District Health Unit, in Sioux Lookout to consider a proposal made by the SL FN HA regarding possible options for public health services for remote First Nation communities throughout the Sioux Lookout Zone. The discussions were very preliminary and details will be considered later at teleconferences and in person meetings scheduled for the following months.

Transparency and Accountability; Raising the Profile of Public Health

On January 28 I attended the Rainy River District Municipal Association AGM held in Devlin. I presented information on the social determinants of health (SDOH), starting with a five-minute video created by Sudbury & District Health Unit, entitled, "Let's Start a Conversation about Health, and Not Say Anything about Healthcare". It was well-received and led to several questions and later discussions with me over lunch. The Q & A was focused on what services are provided by the Northwestern Health Unit for those most vulnerable to the SDOH; then- what services can municipalities provide or promote to further assist this population; and finally- we discussed ways in which we must all work together collaboratively. No one person or organization can do this alone. There was general agreement that we can all promote healthy exercise, like walking at least 30 minutes daily—and that's free!!!

On February 4 I made the same presentation to the Kenora District Municipal Association AGM in Sioux Lookout. Again, the audience's response was very positive and enthusiastic as we discussed the SDOH and issues of sustainable finance for our health care system due to dramatically increasing prevalence of individuals with chronic disease and recurrences of acute infectious diseases.

On January 31 the Enforcement program staff submitted our preliminary report to the Ministry of Health and Long-Term Care on our efforts, implementations, successes, and challenges regarding our Bed Bug project. The final report is due April 30 and at that time the reports of Northwestern Health Unit and other health units around the province will become public domain. In the interim, I will be meeting with municipal representatives regarding their concerns regarding these issues.

Innovation and Excellence: Conferences Attended

On February 8 I attended a special meeting of provincial Medical Officers of Health and LHIN CEOs in Toronto to discuss a provincial plan created by the LHINs to address falls among seniors. Falls lend themselves to high incidence of morbidity and mortality, and with that, dramatically rising costs for the health care system. One of our performance indicators for our accountability agreements with the Ministry of Health and Long-Term Care concerns reducing falls among seniors. For the Northwestern and Thunder Bay District Health Units, who are included in the North West LHIN region, the major take-home action item is to meet with NW LHIN CEO and staff to further discuss implementation of this project in this region, and the role of public health.

On February 9-10 I attended the alPHa Winter Symposium in Toronto, along with Board Chair John Albanese, Vice-Chair Julie Roy, Mark Perrault, CEO, and, Shannon Robinson, Health Promotion Coordinator. The theme for February 9 session was "Promoting Public Health". Several excellent speakers offered a wide variety of suggestions for how we can better promote what we do, create stronger messages and better reach our target populations through a variety of media. On February 10 there were presentations and discussion regarding the recently released document, Ontario's Action Plan for Health Care. Business meetings for the Boards of Health Section and Council of Ontario Medical Officers of Health (COMOH) were also held.

Multiple follow up meetings and teleconferences will follow the above encounters and the ensuing next steps.

Our other deliverables this year include:

- Our Public Health Report Card
- Development of our Balanced Scorecard
- Accreditation re-visited
- Work on the targets for our Performance Indicators
- Complete and approve a new Strategic Plan

As you can see, no one project or encounter fits perfectly with any one quadrant of our goals and there are also projects and encounters that cross over two or more quadrants.

2012 is beginning to look and feel like a year of great opportunities, with the usual challenges thrown in. It will be inspiring, accelerated, continuously improving, exciting, fun, hard work and truly some GREAT WORK. .. "Hold on tight".

Foundations Report

Submitted by Shannon Robinson, Health Promotion Coordinator

Over the past few months I have been reviewing program plans and providing consultation and support to program staff and managers. I review the plans to ensure we are addressing each of the *Ontario Public Health Standards*; that elements of comprehensive health promotion are included in each plan; and that we are working toward stronger outcome evaluation as a Health Unit.

One priority of my review during this planning cycle is to strengthen the evidence of need and evidence of impact sections of each plan.

Evidence of need includes elements of incidence, prevalence, morbidity, mortality, and who is the most affected. Evidence of impact includes what systematic reviews, studies, reports, and evaluation results show are the best ways address an issue. Need and impact connect to the principles outlined in the Foundational Standard of the *Ontario Public Health Standards*.

These principles (need, impact, capacity, and partnership and collaboration) allow us the flexibility to refine our local public health programming according to the evidence – enabling us to strive for the best population health outcomes.

In January we released *Challenges and Opportunities, a Report on the Social Determinants of Health*. The report focused on key determinants of health and how each factor affects residents of the Northwestern Health Unit catchment area. It outlined ways in which the Northwestern Health Unit acts to influence the determinants of health, including the integration of a health equity lens into our planning process.

An additional focus of my review during this planning cycle is identifying opportunities to integrate the Medical Officer of Health into each program's health promotion strategy to raise our organizational profile in our communities.

This will help support a strategic public relations campaign connected to the launch of a new website and social media strategy.

Infectious Disease Control

Submitted by Donna Stanley, Manager, Infectious Diseases

Seasonal Influenza

As of February 6, the Northwestern Health Unit has administered 8472 flu shots, which is about 200 more than last year's October through May total. Our area has experienced considerable medically mild respiratory and gastroenteric illness, but no laboratory-confirmed influenza this season. We may see cases in the near future as some other respiratory viruses decline. Activity across Canada has been low.

Infection Control

An institutional outbreak of gastrointestinal illness occurred in the month of January. Although a relatively high proportion of residents became symptomatic, which is difficult to avoid with highly contagious norovirus and a population with some dementia, the outbreak was contained and reversed within a reasonable period of time with improvements in preventive measures shown by the facility over a similar situation last year.

Sexual Health, STI/BBI, Early Detection of Cancer

Submitted by Gillian Lunny, Manager, Sexual Health

Sexual Health Program

Sexual and Reproductive Health Awareness Week is February 12-19. This year we are promoting Sexually Transmitted Infections (STI) testing, specifically for Chlamydia and Gonorrhoea. With one-time funding received from the Ministry of Health and Long-Term Care we have purchased "locker swag" for every high school student's locker within the public school system. The locker swag consists of magnetized mirrors and dry erase boards with the slogan "Positive? Me". To promote this campaign we are also doing Facebook ads, a poster and a press release.

Needle Exchange Program

We are in the process of assessing where drop boxes for needles will be most effective, and standardizing our safe disposal kits. Throughout the region, public health nurses have been meeting with community partners, (recreation centres, police, First Nations and Inuit Health staff, and community groups) to educate about our program and safe disposal. So far we

have been pleased with the positive feedback and support we have received for our program. Part of this is due to the public health nurses who work in this program, understand it and our clients, and are the face of the Needle Exchange Program in our communities.

We are working on a campaign to launch in conjunction with Earth Day (April 22) to promote safe disposal.

Enforcement

Submitted by Jennifer McKibbon, Manager, Enforcement

Small Drinking Water Systems (SDWS) Program

The Northwestern Health Unit met the provincial deadline for the risk assessments in the SDWS program. We are now working on the writing and delivery of the resulting Directives, with a goal of completing them by June 2012. Starting in 2012 the program switches to maintenance mode, with reduced field time required.

Health Hazards Program

Our interim bedbug report was delivered to the Ministry of Health and Long-Term Care for the January 31 deadline. Our final report, along with a public communication campaign, is being planned for April.

Tobacco Control Program

Five new youth test shoppers have been recruited for compliance checks of tobacco vendors in 2012.

The 2012 Driven to Quit Challenge (provincial stop smoking contest) is underway, and 200 people from our region have already pledged to be tobacco-free for the month of March. Our numbers are above what they were at this time last year, and we are hoping to exceed 400 participants.

We hosted three evening workshops with the STOP Study during the week of January 23, 2012, in Kenora, Dryden and Fort Frances. Northwestern Health Unit public health nurses dispensed the nicotine patch to 45 smokers from our region, to assist them in making a quit attempt. The Centre for Addiction and Mental Health (CAMH) will follow up with smokers at a later date to determine the success of this initiative.

In January one youth from Ignace attended a Smoke-Free Movies Ambassador Training in Toronto that was provided by the Youth Advocacy Training Institute. The training gave the youth ambassador the tools and resources about Smoke-Free Movies issues so they can advocate for smoke-free movie ratings and develop a plan of action for the area. As a result, our February youth events will be focused on Smoke-Free Movies and the Oscars. There will be a nation-wide Twitter post event targeting the smoking images and actors portrayed in nominated films, and a 'Sticky Note Message Mob' where a room in the community of Ignace will be covered with Smoke-Free Movies information. Our youth continue to make public health interesting!

Dental Health

The following is an excerpt from the February Update Report provided to Dr. Arthurs from Dr. Peter Cooney, Dental Consultant:

Number of Clients seen under the above programs.

- a. Healthy Smiles Ontario (HSO) – 89 clients have been enrolled in the program while 136 have been turned away primarily as they were over the income threshold of \$20,000 per annum.

In total, 71 clients received treatment. Of these, 41 were in private practice and 30 in the MDO [mobile dental office] or community clinics. A total of 537 procedures were provided to these children.

The average cost for treatment was \$302.60.

- b. CINOT - In total 301 clients received treatment. Of these, 243 were in private practice and 58 in the MDO or community clinics. A total of 1937 services were provided to these children.

The average cost to treat a CINOT child in 2011 was \$304.27.

- c. Ontario Works - A total of 184 clients received treatment. Of these 168 were in private practice and 16 in the MDO or community clinics. A total of 797 services were provided for children and adults.

The average cost to treat an OW client was \$233.98 for children and \$266.85 for adults.

Health Promotion Activities

The main focus of health promotion was in the following areas:

- Promotion of HSO through television advertising, radio banners, face book, radio contests, Blitz advertising, MDO parades, HSO buttons, toques, toothbrushes, Christmas cheer boxes, etc.
- School-based health promotion activities through the Joint Planning for School team such as monthly newsletter tips for parents, tooth brushing programs, etc.

Health Protection (Community Water Fluoride)

Having monitored some low levels in December, I am pleased to advise you that the levels are now back within optimum range. January CWF levels for the four fluoridating communities are: Kenora 0.465 ppm, Fort Frances 0.621 ppm, Sioux Lookout 0.422 ppm and Atikokan 0.554 ppm.

Strategic Direction Relating to Ministry Tripartite Initiative

As you know from our conversation on Wednesday February 1, there are a number of tripartite initiatives underway throughout Canada.

The largest of these initiatives is taking place in British Columbia where First Nations Chiefs, the Provincial Government of British Columbia and the Federal Government (through Health Canada) have signed a Tripartite Health Accord. The Framework Agreement was signed in the Fall of 2011 and basically outlines how health services will be managed through a First Nations Health Authority. The steering committee which will overview the transfer of services from Health Canada will consist of representatives of the Chiefs, Province of BC and Health Canada. The date set for transfer is targeted for April, 2013.

In Ontario there are also initiatives to move First Nations toward management of their own health services. The approach is different as it is more of a "ground up" approach where individual First Nations will work with the Chiefs of Ontario to pilot services which were previously run by Health Canada. A good example of this type of approach is the use of the MDO in Northwestern Ontario to provide dental services to First Nations clients who are often in severe need. This could potentially be a win/win scenario for the Health Unit, the Province, Health Canada but particularly for patients who may be suffering severe dental pain. NWHU is being considered as a possible best practice example here as if services are delivered through the MDO, these can be billed directly to the Non-Insured Health Benefits program for First Nations and the HU can be reimbursed for the services rendered. This will also reduce overhead costs for NWHU to deliver services in these remote areas to HSO, CINOT, OW and ODSP patients.

Dr. Arlene King's office has indicated a large interest in working with NWHU in this area.

Strategic Direction regarding National Interest in dental care for seniors

As promised during our discussions, I am attaching a summary poster of a recent presentation of Canadian Health Measures Survey statistics on seniors oral health issues in Canada. This is an area which has become a priority of the Canadian Dental Association and Canadian Dental Hygienists Association and has been considered by the Provincial Health Ministry at various points in the last two decades.

The key here is the trend towards increasing need and decreasing ability to pay.

Family Health

Submitted by Kim Gardiman, Manager, Family Health

Healthy Babies, Healthy Children (HBHC) Program

Congratulations to all: Eva Shields, Lori Wilson, Miranda Sigurdson, Kathy Loney, Suzanne Morris, Jayme Blyth, Jeanne McDonald, Patty Foster, Shari Peters, Kathy Bryck, Suzanne Peters, Tekla Rundle and Twyla Berube! These public health nurses (PHNs), working in the HBHC program have all achieved reliability for the NCAST Parent-Child Interaction (PCI) Feeding Scale. The Feeding Scale is used with infants from birth to one year of age. It provides a method for learning to observe and code cues, gestures, other behaviors and words during the feeding process. When caregivers are shown how to recognize their infant's cues and promote learning during routine activities, such as feeding, the children show noticeable and lasting gains in intellectual skill.

This was part of the Ministry of Children and Youth Services (MCYS) new training initiative, and was mandatory for our team. This training helps fine-tune observation skills to assist in looking at the parent/child relationship, and will assist in finding new ways to build upon a parent's strengths in their relationship with their child. Achieving reliability in this first component of the PCI Scales is a great accomplishment, and will benefit us as we move forward in supporting families. Anytime we reduce childhood adverse interventions or experiences we impact their health.

Congratulations to Donna Mior! She has completed all the requirements for certification as an NCAST Instructor. During the last part of 2011 Donna provided training on the Feeding Scales to the Northwestern and Thunder Bay District Health Units' PHNs working in the HBHC program. She is now preparing to provide the second part of the PCI scales, which is the Teaching Scale component, to the above staff beginning in February of this year. As a certified NCAST instructor, Donna is expected to maintain reliability on Parent-Child Interaction Teaching and Feeding Scales, which involves updating her certification on an annual basis and helping to maintain the reliability levels of HBHC nursing staff.

Chief Executive Officer Report

Submitted by Mark Perrault, Chief Executive Officer

alPHa Winter Symposium

On February 8 and 9 I attended the Association of Local Public Health Agencies (alPHa) conference in Toronto, entitled "I Love Public Health". The first day of the conference and the last half of the second day focused on branding Public Health and how to get our message out to funders, stakeholders and the general public. There was an excellent presentation by Lisa Chicules, Marketing and Communications Specialist, Heart and Stroke Foundation. She is responsible for the "Make Death Wait" campaign that is currently being aired on television.

There were two streams of thought on branding Public Health. Some felt it was important that we should promote the importance of Public Health to ensure that we are funded and recognized for our important role. I felt (and others agreed) that it is more important that we be actively promoting health in our communities, and that alPHa could be a lead agency to develop an integrated media campaign working with local health units to target key health issues. I also suggested we could brand Public Health as "The science of living well".

One example I gave was to create videos promoting 30 minutes of daily walking, with the commercial stating "This public service announcement was brought to you by the Association of Local Public Health Agencies and your local public health unit ... Public Health – The science of living well".

I raised the point at the meeting that the reason that we are funded is to improve the health of the public and we need to focus our brand on that, rather than trying to adopt the Social Determinants of Health as the "role" of public health. While income, jobs, education, housing, etc. are risk factors to health, they are also risk factors for crime, educational success and a myriad of other things other than health; AND they do not condemn

someone to poor health (thus are not a determinant), nor are they factors that public health can fix. I feel strongly that we need to focus on what people can do (taking into account the social risk factors) to maintain and improve their health, based on scientific evidence as outlined in our Ontario Public Health Program Standards.

The second part of the conference included presentations by Ministry officials. The key message of Dr. Arlene King, Chief Medical Officer of Health, was that the government's Action Plan for Health Care places an emphasis on some key public health issues including diabetes and childhood obesity; and that no one in the Ministry of Health and Long-Term Care has any idea of what is in store for the budget until Don Drummond, provincial consultant on the Ontario deficit, releases his report on February 15.

I questioned Darryl Sturtevant, Assistant Deputy Minister, Ministry of Children and Youth Services (funder of Healthy Babies, Healthy Children –HBHC- program) on how that program will work with Dr. King towards the goal to reduce childhood obesity. The HBHC program works with expectant and new parents up to their child's sixth birthday. I specifically asked if there would be targets or performance indicators for the program based on childhood obesity rates, since it is a government priority. He responded that some discussions have taken place with the Ministry of Health and Long-Term Care's Health Promotion Division.

Northwestern Health Unit 2012 Budget

As I noted at the beginning of my report, branding and promoting Public Health was the focus of the alPHa conference. This ties in nicely to our 2012 budget that we are presenting to the Board of Health this month; as one of the key new staffing positions we have identified is a Communications Specialist to help us get our public health messaging and brand out through the many channels that are available to us, including traditional media and social media.

In this budget we are making some assumptions regarding provincial funding, which includes a three percent increase for mandatory programs funding. While this may seem out of step with indications from the province that Mr. Drummond will be advocating budget cuts, there are good reasons to assume that this money will be available. The first is that many health units are requesting zero funding increases, including Toronto Public Health, who comprises a significant portion of all Ministry funding transfers. Other larger health units are taking a rollback of up to six percent in some cases. So even if the funding envelope for public health is less than the inflation rate, we are hoping that there will be enough funding available for a smaller health unit like ours to have our request met, especially in light of the many public health challenges in the north.

Secondly, the government spends just over \$600 million on public health out of a \$42 billion health budget. To put that in perspective: a one and a half percent increase to the overall health budget equals more than the entire public health budget. Yet evidence points out that spending on public health reduces the cost to the system as a whole.

It would seem from media reports that the main focus on health cost containment will be on doctors' and specialists' compensation and reforming the primary care system, which has begun with Family Health Teams being administered by Local Health Integration Networks.

For our local municipalities, their per capita levy will remain frozen for the seventh year (although the total levy funding amount has actually declined due to declining populations). We are continuing to improve our infrastructure, with improved offices in Ignace, Kenora, and Sioux Narrows – Nestor Falls.

In conjunction with a new Communications Specialist position we are also planning a major redevelopment of our website as part of an overall social media strategy aimed at making our health messaging more accessible to the public by delivering it through multiple channels.

Finance Report

Submitted by Lois Bailey, Chief Financial Officer

Total revenues for the twelve months ending December 31, 2011, are \$15,281,812 and total expenditures \$14,705,433 resulting in an excess of revenues over expenditures of \$576,379 before year-end adjustments and payment of outstanding program expenses as of December 31. Year-end adjustments will include setting up amounts due back to the various funding agencies and capitalizing and amortizing capital assets. The cost shared programs (not including Healthy Babies, Healthy Children) are reporting a surplus of \$441,409; whereas the 100% funded and other programs are contributing \$134,970.

Cost Share Programs

A review of the Cost Shared and Unorganized Territories report indicates large variances in salaries (\$276,080), and benefits (\$52,442) related to gapped positions, underspending of one-time expenses for the Voice Over IP project (approximately \$60,000 - to be completed by March 31) and purchased service (\$76,180). The variance in purchased services relates to the CINOT program (\$37,964) and the IT department (\$37,811). The 2011 IT budget included plans to update the Northwestern Health Unit website; however, that project was rescheduled to 2012. An application for 75% one-time funding will be submitted to the Ministry of Health and Long-Term Care. There are minor variances in other departments and programs; however, they are insignificant to the total variance.

100% Funded Programs:

As per the report titled "100% Funded Programs", total revenues for the year are \$3,887,831 compared to the budget of \$3,888,878 (a difference of \$1,047). The mobile dental services program has reported revenues of \$29,297 from third party billings.

Actual expenditures for all 100% funded programs are \$3,752,861 compared to budget of \$3,888,877; a difference of \$136,016.

Expenditure lines related to the 100% funded programs that are reported as underspent include purchased service (\$35,551 including \$29,834 from the HSO program), salaries and benefits (\$69,739 net), program supplies & services (\$36,745) and combined travel and conference/education (\$43,360).

A preliminary Statement of Financial Position with 2010 comparative figures has been provided to report financial asset and liability balances as at December 31, 2011. There was no change in temporary investments as GICs are not due to mature until 2012 and 2013. As mentioned above, assets purchased during the year have not been capitalized (i.e., HSO mobile dental office) and related amortization on Health Unit assets has not been recorded. Year-end adjustments will affect the balance of the accumulated surplus account.

Submitted by Dr. James Arthurs, Medical Officer of Health, and Mark Perrault, Chief Executive Officer

5.1 Medical Officer of Health Report

Additional Verbal Report - Provided by Dr. Arthurs

Dr. Arthurs reviewed his presentations to Rainy River District and Kenora District Municipal Associations annual assemblies (RRDMA, January 28; KDMA, February 4). He reported on his attendance at the Association of Local Public Health Units (alPHa) Winter Symposium, February 9-10. He noted that public realization is gaining momentum that health care must be considered from all aspects of public perspective to control health care costs and to ensure that health and well-being are accessible for all.

Beg Bug Report: The Health Unit's preliminary report was submitted to the Ministry of Health and Long-Term Care. The final report will be issued in April. This will be made public. Dr. Arthurs offered to meet with municipalities to discuss the Health Unit's report.

Accountability Agreement Indicators and Performance Targets: The Health Unit recognizes that this is the first year of the Ministry of Health and Long-Term Care's performance targets initiative. The Ministry has committed to ongoing dialogue with health units regarding the performance targets.

Management Report to the Board:

Seasonal Influenza, page 4: Immunizations to date have exceeded last year's influenza season total. The 'flu' season has been "slow"; some confirmed cases have been reported in southern Ontario and British Columbia. The management report data reports uptake for Health Unit-administered vaccinations. The Health Unit does not receive data for immunizations provided by other parties (e.g., clinics, hospitals, First Nations facilities).

Questions, Discussion

Immunization Uptake: Population data for Kenora and Rainy River Districts, and immunization counts for Northwestern Health Unit for the past five years were requested. Dr. Arthurs will follow up.

Dental Report, page 6: Parameters for acceptable levels of fluoride in municipal water facilities were requested. Dr. Arthurs will follow up. Dr. Arthurs reported a recent municipal meeting in southern Ontario that featured a debate on municipal water fluoridation that extended over ten hours.

Discussion ensued regarding the politicization of the ‘fluoride question’. Board members considered the Health Unit’s mandate to monitor fluoridation in municipal water systems and to promote fluoridation. It is recognized that municipal fluoridation is not mandatory.

Needle Exchange Program, page 5: Numbers of needles distributed in the region have increased over previous years. Rates of blood borne illnesses (BBIs) are increasing. Dr. Arthurs noted that needle distribution counts do not directly reflect rates of BBIs. Factors to be considered for both data sets were described.

Enforcement Program, page 5: On February 24 Dr. Arthurs will attend a meeting of medical officers of health to review the provincial Smoke-Free Ontario program, in the light of rising smoking rates. The contraband cigarette market will be a discussion topic.

Diabetes Strategy Program: Funding for this pilot project is being extended for 2012-2013. Encouraging results for some of the program’s activities have been reported. Staff will be reviewing these activities with consideration for implementing them throughout the region.

Falls Prevention Program: A meeting was held February 8 in Toronto for provincial medical officers of health and CEOs of LHINs to discuss the LHINs’ province-wide Falls Prevention Initiative. The initiative’s goal is to reduce numbers of visits to emergency departments for the target population, seniors aged 65 years and older. The initiative’s mandate includes collaboration with health units. To date the Ministry of Health and Long-Term Care has not provided additional funding to health units for activities related to the project. Dr. Arthurs and program staff will be collaborating with North West LHIN regarding the Northwestern Health Unit’s involvement in their initiative.

Motion / Resolution: 20-2012	
THAT the Report of the Medical Officer of Health be accepted as presented.	J. Belluz D. Brown

5.2 Report of Chief Executive Officer

Additional Verbal Report - Provided by Mark Perrault

Association of Local Public Health Units (alPHA): alPHA’s current structure (Boards of Health section, Council of Ontario Medical Officers of Health – COMOHO section) does not accommodate the separate CEO position that many health units now have. Mark Perrault requested the Board of Health’s consideration to submit a Resolution to alPHA’s June AGM, for review of alPHA’s structure.

Discussion ensued for the Northwestern Health Unit to forward a candidate for the NW Region member of alPHA’s Board of Directors. Current term for the NW Region member, who represents the Northwestern and Thunder Bay District Health Units, expires June 2012 [*discussion continued during the Report of the Executive Committee, Agenda #6*].

Drummond Report: Mark Perrault distributed a briefing note regarding the Report’s recommendations that have the greatest implications for the Health Unit, including Recommendation 5-78, “Integrate the public health system into the other parts of health care system (i.e., Local Health Integration Networks.” The Health Unit interprets ‘integrate’ to mean collaboration and partnership, not assimilation.

Preschool Speech and Language Program: Funding for the seven provincial pilot projects for provision of speech and language services has been extended for an additional year. The Northwestern Health Unit is participating in Rainy River District School Board’s demonstration site to provide school-based services to preschool and school aged children.

Offices Update: Work on the new Kenora office is proceeding. Projected move-in date for Ignace office is December 31, 2012.

Motion / Resolution: 21-2012	
THAT the Report of the Chief Executive Officer be accepted as presented.	J. Belluz D. Canfield

Board of Health members recessed at 10:25 a.m. and met informally with Dryden Mayor Craig Nuttall, Machin Mayor Gord Dingman, and Dryden Councillor Martin MacKinnon.

John Albanese called the meeting to order at 11:00 a.m.

6. REPORT OF EXECUTIVE COMMITTEE

Committee Chair Julie Roy provided a verbal report of the Committee’s meeting held February 14.

- Corporate VISA: Management is investigating the possibility of annual rebates for purchases made through the corporate CIBC VISA account.
- Board of Health Per Diem: The Board of Health per diem will be adjusted effective April 1, 2012, in accordance with direction of By-Law #1, Constitution of the Board of Health. The revision process will include a poll of current per diem rates provided to municipal councillors by the Health Unit’s obligated municipalities.

6.1 Strategic Planning 2012 Update: *Provided by Russ Fortier, Board of Health representative to Strategic Planning Working Group*

Office consultations with Health Unit staffs will be conducted in March and April. A consultation session for the Board of Health is proposed for March 23. The sessions will be conducted by Alex Berry, CQI Coordinator and chair of the Strategic Planning Working Group. A draft strategic plan is expected to be provided for the Board’s review at their September education session.

Executive Committee Chair Julie Roy continued her verbal report:

- Management Report Format: The Committee’s recommendations for revisions to the format of the monthly management report were described to Board of Health members, and discussed. Management will follow up, beginning with the March report.
- September Education Session: The Committee’s suggestion that managers join the Board of Health for discussions on identified topics was considered by Board of Health members. Management will follow up.

6.2 New Policy – Submitted by Mark Perrault

The proposed Policy, AODA Accessibility Standards for Customer Service, will ensure compliance with direction of the *Access for Ontarians with Disabilities Act* for an appropriate customer service policy.

Motion / Resolution: 22-2012	
THAT new Northwestern Health Unit Policy, AODA Accessibility Standards for Customer Service, be approved.	M. Fisher J. Roy

Executive Committee Chair Julie Roy continued her verbal report:

- The Ontario Public Health Convention, April 2-5, 2012: After reviewing the event program the Committee recommends that the Board not send delegates, as sessions are relevant to 'front line' staffs. Board of Health members agreed.

6.3 Interest Rates for Overdue Accounts for 2012

Julie Roy conveyed Committee's recommendation to maintain the current interest rate for 2012.

Motion / Resolution:23-2012	
THAT the interest rate for 2012 for overdue accounts be set at 1.25 percent per month, per Policy, 'Interest Charges on Overdue Accounts'.	M. Fisher P. Ryan

Julie Roy continued her verbal report:

- Representative to alPHa Board of Directors: Representation to alPHa's Board of Directors for the North West Region (Northwestern and Thunder Bay District Health Units) has been provided by Thunder Bay District Health Unit for several terms. Current term for the North West Region's representative expires June 2012. Julie Roy conveyed the Committee's recommendation that the Northwestern Health Unit forward a candidate for the upcoming two-year term, June 2012-June 2014.

Discussion ensued regarding commitment required from the Health Unit (e.g., expenses, member's time) and the benefits of involvement at the alPHa Board of Directors level.

Board members agreed to forward a candidate. Interested persons were asked to identify themselves. Russ Fortier responded.

Motion / Resolution:24-2012	
THAT the Board of Health for Northwestern Health Unit endorses Russ Fortier as a candidate for the position of North West region representative to the Association of Local Public Health Agencies (alPHa) Board of Directors, 2012-2014 term.	D. Canfield D. Brown Abstained: R. Fortier

Mr. Fortier declared pecuniary interest and did not vote upon the matter.

- Auditors Report: Board of Health members were invited to attend the Executive Committee meeting scheduled for April 19, to receive the auditors’ report of the 2011 audited financial statements.

6.4 Public Health Unit Performance Indicator Targets – Presented by Dr. Arthurs

Dr. Arthurs reviewed the Ministry of Health and Long-Term Care’s Accountability Agreement indicators for health protection and health promotion programs. He explained the performance targets for 2012 and 2013 proposed for the Northwestern Health Unit by the Ministry. Dr. Arthurs recommended that the Board of Health accept all targets as presented. Julie Roy conveyed the Executive Committee’s concurrence.

Motion / Resolution:25-2012	
<p>THAT the Board of Health for the Northwestern Health Unit accepts the performance targets for 2012 and 2013 for the health protection and health promotion Accountability Agreement indicators, as proposed for the Northwestern Health Unit by the Ministry of Health and Long-Term Care.</p>	<p>R. Fortier J. Belluz</p>

Board of Health members recessed at 12:00 p.m.
John Albanese called the meeting to order at 12:35 p.m.

Finance Report – Provided by Lois Bailey, Chief Financial Officer (CFO)

Year-end accounting continues and is expected to be finalized for the Board’s March 23 meeting. The Preliminary Statement, Financial Position report was reviewed. Year-end adjustments will affect the balance of the accumulated surplus.

Questions:

GICs: Lois Bailey is meeting with the Health Unit’s financial advisors to determine the best course for GICs that are maturing in late fall.

6.5 Northwestern Health Unit 2012 Budget - Presented by Lois Bailey, CFO

Lois Bailey reviewed the Executive Summary included in the 2012 budget package. A balanced budget has been prepared for submission to the Ministry of Health and Long-Term Care, anticipating a three percent increase over 2011 funding amounts for cost shared programs and the Unorganized Territory funding grant. The municipal per capita levy is maintained at \$54.33.

New ongoing funding was identified and changes to existing funding were described, e.g., provincial transfer in 2012 of funding, from 100% to cost shared, for the Small Drinking Water Systems program. Changes to programs, including terminated programs, were identified.

It was noted that the Ministry of Children and Youth Services has not increased its funding for Healthy Babies, Healthy Children, Preschool Speech & Language, Infant Hearing, and Blind Low Vision programs for past five years.

Application for one-time funding for several initiatives will be submitted.

Expenditures:

There are minor changes to program expenditure lines. Significant increases to OMERS premiums and benefit providers' costs have been factored. Salary increases have been incorporated effective April 1, 2012, for non-union staff whose salaries have not increased since 2009.

Proposed new full-time staffing positions were explained:

- IT position
- Communications Specialist

Total proposed 2012 budget: \$15,295,010.

Questions:

Small Drinking Water Systems Program: Mark Perrault confirmed that most facilities in this region are situated in unorganized territory. He noted that increases to the Unorganized Territory funding grant will help to offset program costs. Additionally, Northwestern Health Unit By-Law #3 (Fees for Extraordinary Service Costs) allows the Health Unit to refer program costs to the user (facility).

Chair Julie Roy conveyed the Executive Committee's recommendation to accept the 2012 budget as presented for submission to the Ministry of Health and Long-Term Care. Board members expressed appreciation for staff's work to maintain program service levels, and to the Executive Committee for their ongoing oversight for the Health Unit's financial processes.

Motion / Resolution:26-2012	
THAT, as recommended by the Executive Committee, the Board of Health for the Northwestern Health Unit approves the 2012 consolidated budget as presented, for submission to the Ministry of Health and Long-Term Care;	
AND FURTHER THAT the municipal per capita levy for 2012 be maintained at \$54.33.	P. Ryan J. Roy

Motion / Resolution:27-2012	
THAT the report of the Executive Committee be accepted as presented.	P. Ryan J. Roy

7. REPORTS ON CONFERENCES

- 7.1 Rainy River District Municipal Association AGM, January 28, 2012
- 7.2 Kenora District Municipal Association Annual Conference, February 2-4, 2012
- 7.3 alPHa Winter Symposium, February 9-10, 2012

John Albanese distributed a written report of his attendance at these events.

Julie Roy reported on her attendance at the alPHa Winter Symposium. The workshop day addressed the "voice of public health" and its effectiveness. The focus for governments,

ministries, and agencies is a positive shift, for a unified approach towards health promotion and disease prevention.

Dr. Arthurs reported that the video produced by Sudbury & District Public Health Unit, "Let's Start a Conversation About Health...and Not Talk About Health Care at All" that he utilized in his presentation to the District Municipal Associations' AGMs, is being adapted for Northwestern Health Unit area statistics. It will be shared with Board of Health when completed.

Doug Squires' written report of his attendance at the Kenora District Municipal Association Annual Conference noting the favourable response to Dr. Arthurs' presentation, was included with the Board meeting package documentation.

Comments, Discussion:

Dr. Arthurs noted that there was discussion at the alPHa Symposium regarding the withdrawal of Oxycontin and the effects upon populations who have become addicted.

8. OUT OF COUNTRY CONFERENCE (STAFF)

Motion / Resolution:28-2012	
<i>THAT the Board of Health authorizes Thomas Nabb, Public Health Inspector, Kenora office, to attend the Lake of the Woods and Rainy River Basin Water Quality Forum, March 7-8, 2012, in International Falls, MN. Expenses for this conference will be provided by Safe Water program funds designated for continuing education.</i>	J. Roy P. Ryan

9. NWHU POLICIES

9.1 New Policy, AODA Accessibility Standards for Customer Service

This Agenda item was discussed during the Report of Executive Committee (Agenda #6.2)

10. NON AGENDA ITEMS

10.1 Association of Local Public Health Agencies (alPHa) Annual Conference & AGM, June 10-12, 2012

Board members were asked to consider attending this Conference. Delegates will be approved at the Board of Health's March 23 meeting.

11. NEXT MEETING DATE

11.1 Board of Health Strategic Planning Consultation (Closed to the Public)

Date: Friday, March 23, 2012

Location: Fort Frances NWHU office Board Room

Time: 8:30 – 11:30 a.m.

11.2 March Board of Health Meeting (Open to the Public)

Date: Friday, March 23, 2012

Location: Fort Frances NWHU office Board Room

Start Time: 11:30 a.m.

11. ADJOURNMENT

Mr. Albanese adjourned the meeting at 1:45 p.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS DAY OF2012

CHAIR, BOARD OF HEALTH

RECORDING SECRETARY